

**FIA-286, TITLE IV-D
COOPERATIVE
REIMBURSEMENT
EXPENDITURE
REPORT (FRONT)**

TITLE IV-D COOPERATIVE REIMBURSEMENT EXPENDITURE REPORT

Michigan Department of Social Services

A. CONTRACT DESCRIPTION

See Reverse Side for Instructions

1. County Name		2. Provider (Please circle one) FOC PA COMBINATION		3. Billing (Mo. & Yr.)
4. Title IV-D Documentation Method (Circle one of the letters below)				
a. Caseload Percentage		c. County Processed Time Study		e. Total Office 100% Certified as IV-D
b. OCS Processed Time Study		d. Daily Time Logs for Billing Period		f. Fixed Rate
COLUMN I	COLUMN II	COLUMN III	COLUMN IV	COLUMN V
B. ALLOCATION FACTORS	TITLE IV-D	ENFORCEMENT (FOC ONLY)	VISITATION & CUSTODY (FOC ONLY)	TOTAL ELIGIBILITY EXPENDITURES
1. FTE POSITIONS				
2. % OF TOTAL FTE'S				100%
3. CASELOAD (FOC only)				100%
C. BUDGET CATEGORIES				
1. Personnel	\$	\$	\$	\$
2. Data Processing	\$	\$	\$	\$
3. Other Direct	\$	\$	\$	\$
4. Central Services	\$	\$	\$	\$
5. Paternity Testing	\$	\$	\$	\$
6. TOTAL EXPENDITURES	\$	\$	\$	\$
7. Services Fees	\$	\$	\$	\$
8. Mediation Fees	\$	\$	\$	\$
9. Other Income	\$	\$	\$	\$
10. NET EXPENDITURES	\$	\$	\$	\$
11. County Share (\$)	\$			
12. County Share (%)	%			
13. State Share (\$)	\$			
14. State Share (%)	%			
15. County Share of #5	\$			
16. TOTAL STATE FUNDING	\$			
CERTIFICATION: I hereby certify the above expenditures were incurred under the terms of the Title IV-D Cooperative Reimbursement agreement, and are billed in accordance with applicable instructions issued by the Department of Social Services.				
Certifying Official's Name		Title		
Address (Street Number and Name)		City	State	Zip Code
Certifying Official's Signature		Date		

DSS-286 (Rev. 5-95) Previous edition obsolete.

DISTRIBUTION: White, Yellow and Pink - Forward to
Goldenrod - Retain for your records.

Office of Child Support District Manager
County Department of Social Services

FIA-286, TITLE IV-D
COOPERATIVE
REIMBURSEMENT
EXPENDITURE
REPORT (FRONT)

DSS-286 INSTRUCTIONS

TYPE or PRINT in black ink. Prepare four part form for each calendar month and submit by 15th working day of the month following report month.

SECTION A, B, and C must be completed for all submittals. Additional detailed instructions for completion can be found in your Manual For FOC Section 4000, Item 830 or PA Handbook Item 320. The **certification box** at the bottom of this form must be completed.

SECTION A

1. County Name - **Enter** the name of the county for which expenses are being submitted.
2. Provider - **Circle** the correct identifier for your office.
3. Billing Period - **Enter** the billing month and billing year.
4. Title IV-D Staff Time Documentation Method - **Circle** the letter which precedes the documentation method used to determine IV-D charges. **Attach** copies of documentation for the billing period for subparts c, d, or e.

SECTION B

FOR COLUMNS II AND V:

- 1, 2 & 3. FTE Positions, Percent of Total and Caseload** - Enter in Column V the number of Full Time Equated (FTE) positions for your office which incurred costs during the billing month. Enter in Column II the number of the total FTEs which are IV-D. The position count of IV-D FTEs is obtained differently depending upon which documentation method was indicated in Section A:
FOR CASELOAD, Obtain caseload % for the billing (either beginning or end of the month). **Enter** the percentage in Column II both lines 2 & 3. **Multiply** that % times total FTE count in Column V, line 1 and **enter** result in Column II, line 1.
FOR TIME STUDY, **Enter** in Column II, line 2 the staff time % for this billing period. **Multiply** that % times total FTE count in Column V, line 1 and **enter** result in Column II, line 1.
FOR DAILY TIME LOGS, **Enter** in Column II the staff time % and IV-D FTEs for the billing period.
FOR 100% IV-D CERTIFIED, **Enter** in Column II the same amount entered in Column V.
FOR FIXED RATE, **Enter** contract FTE amounts in Column II and Column V

FOR COLUMNS III AND IV

- 1 & 2. FTE Positions, Percent of Total** - Indicate the division of work effort between Visitation and Custody (V & C) and Enforcement of filled FTEs, if known. If some positions are not filled and the division of the filled positions is known, make the actual changes to FTEs and calculate the resultant percentages to enter in Columns III & IV, line 2. If some positions are not filled and the mix of activity between IV-D and non IV-D by position is not known, use the contract percent of V & C multiplied by the total number of filled positions (Column V, 1) to obtain the number of V & C positions to enter in Column IV, line 1. Subtract that amount from IV-D FTEs in Column II to obtain the number of FTEs to enter in column III, line 1.

SECTION C

Enter in **Column V** total office costs eligible for consideration for Title IV-D reimbursement. Complete this column first.

Enter in **Column II** the dollar amount by category of IV-D expenditures. (See detailed instructions)

1. **Personnel** - Enter the amount of IV-D personnel expenditures either actual or allocated for this billing period.
2. **Data Processing** - Enter the actual amount of IV-D contract data processing expenditures for this billing period. If the actual IV-D amount of data processing expenditures is unknown, retain records of allocation process used.
3. **Other Direct** - Enter the actual amount of IV-D other direct expenditures for this billing period.
4. **Central Services** - Enter the amount of central service costs to be allocated to the IV-D contract for this billing period.
5. **Paternity Testing** - (To be used by prosecutors and combination contractors only.) Enter the actual amount of IV-D expenditures for this billing period for blood drawing fees, expert witness fees, and miscellaneous blood testing costs incurred but not covered under the state contract with the testing lab.
6. **Total Expenditures** - Enter the sum of lines 1 through 5.
7. **Service Fees** - (FOC only) Enter the actual amount of service fees collected by the Friend of the Court on IV-D cases during this billing period. If the actual IV-D amount of service fees is unknown, see detailed instructions for allocation methodology.
8. **Mediation Fees** - Enter the actual amount for fees which offset Visitation and Custody activities.
9. **Other Income** - Enter the amount of any other income which offsets the cost of the IV-D contract for this billing period and explain what type of revenues these amounts represent.
10. **Net Expenditures** - Enter the amount obtained by subtracting Service Fees, Mediation Fees and Other Income from Total Expenditures (line 6 less lines 7, 8 and 9).
11. **County Share (\$)** - Enter the amount of the billing for which the county is responsible. This will be the amount in line 10 multiplied by the county share (%) of the IV-D Cooperative Reimbursement contract.
12. **County Share (%)** - Enter the percentage established in the IV-D Cooperative Reimbursement contract.
13. **State Share (\$)** - Enter the amount of the billing for which the state is responsible. This will be the amount in line 10 less the amount in line 11.
14. **State Share (%)** - Enter the percentage established in the IV-D Cooperative Reimbursement contract.
15. **County Share of line #5** - Enter the amount obtained by multiplying line 5 by line 12. This will repay the county for their total Paternity Testing costs.
16. **TOTAL STATE FUNDING** - Enter the amount obtained by adding County Share of #5 to State Share (\$). (Line 15 plus line 13.)

Enter in **Column IV** dollar amounts which represent the cost of Visitation and Custody work effort. (FOC only) (Column V amounts multiplied by percentage in Column IV, B.

Enter in **Column III** dollar amounts which represent the cost of Enforcement work effort. (FOC only) (Column II less Column IV.)

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DSS Office in your county.

AUTHORITY: 45 CFR 302.14 and 302.34
 COMPLETION: is required.
 PENALTY: Payment will not be made to contractor for services provided.